

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37705

FILED DEC 7 1943

Registration District No.

Primary Registration District No.

512A

Registrar's No.

35

1. PLACE OF DEATH:

(a) County Bollinger  
(b) City or town Runa - Scopus sup  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether)  
In this community 6th year years, months or days

3. (a) PRINT FULL NAME

Tisha Agnes Kinder

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex F-1

5. Color or race W

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife

Manson Kinder

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased

Jan (Month)

4 (Day)

1878 (Year)

8. AGE:

Years

Months

Days

If less than one day

65

10

4

hr. min.

9. Birthplace

Bollinger Co. Mo. (City, town or county)

Mo. (State or foreign country)

10. Usual occupation

Housekeeper

11. Industry or business

MOTHER FATHER

12. Name

Jesse Stalter

13. Birthplace

Bollinger Co. Mo. (City, town or county)

Mo. (State or foreign country)

14. Maiden name

Mary Seaburg

15. Birthplace

Bollinger Co. Mo. (City, town or county)

Mo. (State or foreign country)

16. (a) Informant

Mrs John Kinder

(b) Address

Millerville Mo.

17. (a)

Burial (Burial, cremation, or removal)

(b) Date thereof

11 10 43 (Month) (Day) (Year)

(c) Place: burial or cremation

Sedgewickville Mo.

18. (a) Signature of funeral director

Wilson Stalter Seaburg

(b) Address

Jackson Mo.

19. (a)

11-12-43 (Date received local registrar)

(b) Mrs. Geneva Graham

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. North of Scopus Mo. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8th  
year 1943 hour 2 minute 8th M.

21. I hereby certify that I attended the deceased from Oct 8th 1943 to Nov 8th 1943  
that I last saw her alive on Nov 1st 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death

Encephalitis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury

23. Signature

Edw. Crites

(M. D. or other)

Address

Sedgewickville Mo.

Date signed 11/10/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

# RECEIVED

District Health Officer No. 4  
District File Number 1243-29  
Date Filed 12-6-43

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Glenn Wilson*

Licensed Embalmer No. 2828

P. O. Address Jackson MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.